

For 1998 or Fiscal Year beginning _____ and ending _____ 19 _____ • •

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<div>• Name of Estate or Trust</div>	<div>• FEDERAL IDENTIFICATION NUMBER</div>
<div>• Address - Street and Number, P. O. Box or Rural Route</div>	<div>Date trust was created, or, if an estate, date of decedent's death.</div>
<div>• City, Town or Post Office, State and Zip Code</div>	

<div><input type="checkbox"/> ORIGINAL RETURN • <input type="checkbox"/> AMENDED RETURN</div>		A. FEDERAL RETURN		B. ARKANSAS INCOME		
1. Dividends	1		00	1		00
2. Interest Income	2		00	2		00
3. Income from Partnerships, Fiduciaries, etc.	3		00	3		00
4. Rent and Royalty Income.	4		00	4		00
5. Net Profit from Trade or Business.	5		00	5		00
6. Capital Gain(s)	6		00	6		00
7. Other Income.	7		00	7		00
8. Total Income.	8 •		00	8 •		00
9. Interest Paid.	9		00	9		00
10. Taxes Paid.	10		00	10		00
11. Other Deductions.	11		00	11		00
12. Total Deductions.	12 •		00	12 •		00
13. Adjusted Income	13		00	13		00
14. Amounts to be distributed to beneficiaries.	14 •		00	14 •		00
15. Net Taxable Income:	15		00	15		00
16. Enter Tax from Table using amount on Line 15, Column B <input type="checkbox"/> REGULAR TAX TABLE 2 • <input type="checkbox"/> AR1002GW				16		00
17. Personal Tax Credit.	17		20 00			
18. Other State Tax Credits:	18 •		00			
19. Business and Incentive Tax Credits.	19 •		00			
20. Total Tax Credits (Add Lines 17 - 19).				20 •		00
21. Tax Liability: (Subtract Line 20 from Line 16).				21 •		00
22. Estimated Tax Paid or Credit brought forward from last year.	22 •		00			
23. Tax paid with Extension.	23 •		00			
24. Payments with Original Return. (See Instructions).	24 •		00			
25. Total Payments.	25		00			
26. Overpayments received. (See Instructions).	26 •		00			
27. Balance of payments subject to liability.				27		00
28. Overpayment.				28 •		00
29. Amount to be applied to 1999 Estimated Tax.	29 •		00			
30. AMOUNT TO BE REFUNDED TO YOU.				30 •		00
31. AMOUNT DUE:				31 •		00

Beneficiaries share of income: _____ Number of Beneficiaries to receive distribution: _____

FIRST NAME	MI	LAST NAME	SSN	ADDRESS	ST	ZIP	AMOUNT
							00
							00
							00
							00
							00

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, the statements are true and complete.

OFFICE USE ONLY

Taxpayer's Signature _____	Date _____
Preparer's Signature _____	Date _____
Name _____	ID/SSN • _____
Address _____	
City, State and Zip _____	

A •				
B •				
C •				
D •				
E •				
F •				
G •				
H •				

Mail **TAX DUE** to: State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144
Mail **REFUND** to: State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000Mail **AMENDED** to: State Income Tax, P. O. Box 3628, Little Rock, AR 72203-3628
Mail **NO TAX DUE** to: State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026